

EXAMINER

ART. UNIT      PAPER NUMBER

DATE MAILED:

## NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 35 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application-Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☐ **A. Filing Fees due upon filing the application**

Total Filing Fees Due	= \$ <u>762</u>
Less Filing Fees Submitted	= \$ <u>(490)</u>
<b>BALANCE DUE</b>	<b>= \$ <u>272</u></b>

☐ **B. Fees due in connection with the amendment filed on \_\_\_\_\_**

Total Fees Due	= \$ _____
Less Fees Submitted	= \$ <u>( )</u>
<b>BALANCE DUE</b>	<b>= \$ _____</b>

ATTACHMENT: FORM PTO-875

\_\_\_\_\_  
Clerk of Group

**APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT**

Fee submitted \$ \_\_\_\_\_ Signature \_\_\_\_\_

### CERTIFICATE OF MAILING

\_\_\_\_\_  
I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:

\_\_\_\_\_  
Commissioner of Patents and Trademarks, Washington, D.C. 20591, or (if not)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# NOTICE OF FEE DUE

10931 U.S. PRO  
10/006378  
12/10/01

DATE: 12-13-01

TO: OTPE

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: \_\_\_\_\_

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

- ☐ Insufficient fee by check
- ☐ Insufficient funds in deposit account
- ☐ Declined credit card
- ☐ Non authorization for charge to deposit account
- ☐ No fee submitted per requirement

The correct fee code: 203, 204 amount \$ 275

The suspended fee code: 197 amount - \$ 3

Fee Due amount =\$ 272

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator A h - - - e

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	415	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	48 minus 20 = *	28
INDEPENDENT CLAIMS	2 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *	Minus **	=
	Independent *	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	312
X42=	
+140=	140
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *	Minus **	=
	Independent *	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *	Minus **	=
	Independent *	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	15 minus 20 = *	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ 355
x \$ 0 =	0
x 0 =	0
+ 0 =	35
TOTAL	35

RATE	FEE
	\$
x \$ =	
x =	
+ =	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* Minus	**	=
Independent (37 CFR 1.16(b))	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* Minus	**	=
Independent (37 CFR 1.16(b))	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* Minus	**	=
Independent (37 CFR 1.16(b))	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.